

**INDIANA OPTOMETRY BOARD  
LICENSURE INFORMATION AND INSTRUCTION SHEET**

**Before completing and submitting your application to our office, please read all materials and information included.**

**CONTENTS OF APPLICATION PACKET**

This application packet should contain the following information:

Information and Instruction Sheet  
Application for Optometry License  
Verification of Optometrist State Licensure Form

**Statutes and Administrative Rules which pertain to the practice of optometry are available to download from the Agency's website at [www.pla.IN.gov](http://www.pla.IN.gov). If you would prefer to have a copy mailed to you, please submit your request in writing with a fee of \$3.00 to the address listed below.**

**BOARD ADDRESS/PHONE NUMBER/EMAIL/WEBSITE/FAX**

Indiana Professional Licensing Agency  
ATTN: Indiana Optometry Board  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Website: [www.pla.IN.gov](http://www.pla.IN.gov)  
Staff Email: [pla8@pla.IN.gov](mailto:pla8@pla.IN.gov)  
Staff Phone: (317) 234-2054  
FAX: (317) 233-4236

**JURISPRUDENCE EXAMINATION**

All applicants for licensure as an optometrist, by examination or by endorsement, must pass a written jurisprudence examination. You will be notified, after the approval of your application by the Board, and sent a schedule of dates in which to take the jurisprudence examination.

The jurisprudence examination will cover the optometry statute and rules, optometric legend drug statute and rules, the Health Professions Standards of Practice, and the Access to Health Records. A score of 75 or above on the examination is passing.

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**TREATMENT AND MANAGEMENT OF OCULAR DISEASE EXAMINATION (TMOD)  
IS A REQUIREMENT FOR LICENSURE**

According to 851 IAC 1-1.1-4, all applicants by examination or endorsement who apply for licensure in the state of Indiana must have a passing score in all parts of the National Board Examiners in Optometry examination including the treatment and management of ocular disease examination (TMOD). The TMOD examination, which is administered by the National Board of Examiners in Optometry, is required by all applicants.

**IF THE APPLICANT HAS NOT TAKEN AND PASSED PART III OF THE NATIONAL BOARD OF  
EXAMINERS IN OPTOMETRY (NBEO) EXAMINATION**

Prior to 1994, if an applicant did not take and pass Part III of the National Board of Examiners in Optometry examination, the applicant is required to provide a statement from the appropriate agency in each state where the applicant has been licensed by examination, holds an active license, and from which the applicant is endorsing, certifying the areas of the examination, type of examination, pass-fail criteria, and the applicant's score in each area of the examination.

In order to qualify for an Indiana license, the applicant must have attained an average score of 75, with no score below 65, on a hands-on clinical test in the areas indicated on the verification form. The Verification of Optometrist State Licensure form is provided with your application.

The applicant who applies for licensure under this section bears the burden of proving the requirements of the state in which the applicant is currently licensed are equivalent to those requirements of the Board. The applicant shall submit the above documentation, as well as any other documentation, required by the Board, to determine whether the requirements of the other state are equivalent to the Board's.

#### **NATIONAL BOARD OF EXAMINERS IN OPTOMETRY**

Please contact the NBEO at the address/phone number/web page listed below for examination information and score reports.

National Board of Examiners in Optometry  
200 S. College Street #1920  
Charlotte, North Carolina 28202  
Telephone: (704) 332-9565  
Toll Free: (800) 969-3926  
FAX: (704) 332-9568  
WEBSITE: <http://www.optometry.org/>  
Email: [mbeo@optometry.org](mailto:mbeo@optometry.org)

#### **BOARD REVIEW**

After your application is complete with all required documentation it will go to the Board for approval. Please be advised that your application must be complete in order for the Board to review.

#### **TESTING ACCOMMODATION REQUEST**

If you have a disability, which may require a special accommodation in taking the law examination, please request a **TESTING ACCOMMODATION REQUEST FORM** from this office by calling (317) 234-2054. If an accommodation is not requested prior to the examination, we cannot guarantee the availability of the accommodation on-site.

#### **THE FAIR INFORMATION PRACTICE ACT**

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

Your Social Security Number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

#### **MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER**

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable

## **ABANDONED APPLICATIONS**

An application shall be considered abandoned if the applicant does not complete the requirements for licensure within one (1) year from the date on which the application was filed. An application submitted subsequent to an abandoned application shall be treated as a new application.

## **EXPIRATION DATE OF OPTOMETRY LICENSE AND OPTOMETRIC LEGEND DRUG CERTIFICATE**

### **OPTOMETRY LICENSE**

All optometry licenses expire on April 1, 2008. Optometrists are required to have completed twenty (20) hours of optometry continuing education to renew their optometry license acquired after April 1, 2006. Continuing education is not required for the year in which the initial license was issued.

If a new license was issued between April 1, 2006 and April 1, 2007 then you are required to complete ten (10) hours of continuing education.

If a new license was issued after April 1, 2007 then you are not required to complete continuing education for this renewal period.

### **OPTOMETRIC LEGEND DRUG CERTIFICATE**

All optometric legend drug certificates expire on April 1, 2008. Optometrists are required to have completed twenty (20) hours of optometric legend drug continuing education to renew their optometric legend drug certificate acquired after April 1, 2006.

If a new Optometric Legend Drug certificate was issued between April 1, 2006 and April 1, 2007 then you are required to complete ten (10) hours of continuing education.

If a new Optometric Legend Drug certificate was issued after April 1, 2007 then you are not required to complete continuing education for this renewal period.

## **OPTOMETRY EXAMINATION INSTRUCTIONS**

### **LICENSURE APPLICATION**

Mail the completed licensure application with all required documents listed below to the Indiana Professional Licensing Agency at the address listed below:

Indiana Professional Licensing Agency  
ATTN: Indiana Optometry Board  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

### **AFFIDAVIT**

If you answer "yes" to any of the six (6) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however they may accompany your affidavit.

### **FEE INFORMATION**

Applicants must submit a two hundred dollar (\$200.00) application fee, made payable to the Indiana Professional Licensing Agency. This fee may be submitted by cash, check or money order. We cannot accept payment by credit card. **ALL FEES ARE NON-REFUNDABLE OR NON-TRANSFERABLE.**

### **PHOTOGRAPH**

Applicants must submit one (1) acceptable photograph, taken not earlier than one (1) year prior to the date of application dated and signed on the back in the applicant's handwriting, "I certify that this is a true photograph of me". The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

### **OFFICIAL OPTOMETRY TRANSCRIPTS**

Applicants must submit an official transcript, certified by the school, recording course grades, certificates and degrees earned in an accredited optometry school. Transcripts which do not state that you have graduated or completed your optometry degree are not acceptable for licensure.

### **NATIONAL BOARD OF EXAMINERS IN OPTOMETRY SCORE REPORT**

Applicants must submit an official score report sent directly from the National Board of Examiners in Optometry (NBEO) showing completion of Parts I, II, III and the treatment and management of ocular disease (TMOD) with passing scores in all subjects. You may wish to contact the NBEO office prior to your request to verify the fee and procedures for an official score report at:

National Board of Examiners in Optometry  
200 S. College Street #1920  
Charlotte, North Carolina 28202  
Telephone: (704) 332-9565  
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Email: [nbeo@optometry.org](mailto:nbeo@optometry.org)  
Web Page: <http://www.optometry.org/>

### **NAME CHANGE**

An official affidavit indicating any legal name change, a notarized copy of a marriage certificate or divorce decree is acceptable if your name differs from that on any of your documents.

<b>OPTOMETRY ENDORSEMENT INSTRUCTIONS</b>
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**STATE VERIFICATION**

Applicants must provide a "Verification of Optometrist State Licensure" form which is included with your application for licensure, from each state in which you currently are, or have ever been, licensed, certified or registered in any regulated health profession or occupation. The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Optometry Board. The form may be duplicated if necessary.

**NAME CHANGE**

An official affidavit indicating any legal name change, a notarized copy of a marriage certificate or divorce decree is acceptable if your name differs from that on any of your documents.